Health Information Needs of Men

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Abstract

Objective:
To understand the views of men and service providers concerning the health information needs of men.

Design
A men's health programme was implemented aimed at developing new health information resources designed for use by local organisations with men in socially-disadvantaged groups. Research was carried out at the scoping stage, to find out views of men and stakeholders.

Setting
The research was conducted within the north of England between Manchester, Bradford and Leeds. The region was selected as it is characterised by socio-economic and ethnic diversity.

Method
A structured evidence review was conducted on current provision of health information. Qualitative interviews were carried out with men (n=46) across four groups, young men (aged 16-21), new fathers (25-45), middle aged men (40-55), and older men (60+). Telephone interviews were carried out with stakeholders with expertise in men's health, including health professionals, service providers and commissioners (n=20). All interviews were fully transcribed and analysed thematically.

Results
Key themes emerging concerned routines men follow for engaging with health information; support required for making effective use of information; preferred settings and media approaches; and what men would like to see in the future. The importance of personalisation and settings based approaches was explored, and factors engendering trust were outlined.

Conclusion
The research outlined common themes and differences among men according to age and life stage. There is a need for targeting materials to more fine-grained '*segments*' of men. The project contributed to producing actionable insights, while it remains important to explore complexities of men's health information needs.

Keywords

men's health; health promotion; health information; support; well-being

Length

3077 words (including Tables)

Introduction

This paper reports key findings from research undertaken to understand the views of men and service providers concerning the health information needs of men. The research project constituted the scoping phase of a wider men's health communication programme aimed at developing new health information resources designed for use by local organisations to improve the health of men in socially-disadvantaged groups. The resources were to be very specifically targeted at (1) Young men (aged 16-21); (2) Middle-aged men (40-55); (3) Older men (65+); (4) New fathers (aged approx 25-45). The research consisted of two main phases:

- An evidence review on the current provision of health information.
- Primary research amongst service providers, health professionals and men themselves to explore their experiences and views on information resources.

This paper focuses thematically on the findings from interviews with men, and service providers, situating these in the context of headline findings from the literature review.

Design

The evidence review included both published academic literature and 'grey' literature, including international evidence from other English-speaking countries as well as UK evidence. A strategic search of electronic databases identified 195 articles. Using a hierarchy of evidence, based on inclusion/exclusion criteria, twenty six articles and ten reports representing the strongest evidence were selected for review.

As the second stage, 20 interviews were conducted by telephone with stakeholders with expertise in men's health, including health professionals delivering men's health services,

service planners/commissioners, and public health promotion specialists. Second, interviews were held with 46 men from the four age groups to ascertain their experiences and opinions of health information. The sample was drawn purposively from within the trans-Pennine corridor region of the north of England which extends between Manchester, Bradford and Leeds. This region was selected as it is characterised by socio-economic and ethnic diversity, with a high proportion of low income households, and the sample took account of this diversity. Finally, 9 discussion group sessions with men explored shared understandings of 'ideal' health information materials, using specific resources as exemplars. Ethics approval was granted by the Leeds Metropolitan University Faculty of Health Research Ethics Committee. This paper focuses on the evidence review and individual interviews.

Findings

Summary of evidence review

The evidence about projects, campaigns and interventions involving health information for men shows the following themes. Interventions targeted and tailored towards specific groups of men have proved highly effective (1), but there are problems concerning how decisions are made on the 'segmenting' of groups for targeting. Some effective interventions have been 'personalised' to the needs of an individual. Personalisation of information means ensuring content, language, tone and functionality are appropriate to the needs of individual men on their health journey. This includes a.) resources' potential to support men's social interaction, encouraging peer, family, and professional support, and b.) resources' potential to promote user control/ownership over information, and to provide support for decision-making (2). Some tailored approaches included a degree of adaptiveness to media preferences and health

literacy levels of the user (3,4). For example, personalised web-pages have supported older men to undertake healthy activities (5,6).

It has proved important that men are led to identify with different types of masculine media images or male narratives to encourage self-efficacy, and that the message 'tone' should not undermine men's self-esteem. Culturally popular visual images have included pictures of (male) football supporters, displaying humour, to make points about fitness. Video, (linked to online resources), has been used to support sustained narratives around men's identity and health (7). Arts (drama, comedy, painting, and film) can be a means of engaging with a diverse range of men's emotions through stories and images that escape the constraints of dominant male stereotypes (8,9). For example, 'new dads' have responded well to positive cultural narratives which highlight non-confrontation and nurturing male parenting roles (10).

Given the complexity of men's health journeys, communication campaigns that combine different media components have been effective in supporting men through different stages (5). Core quality issues are trustworthiness, readability, information accuracy, and sufficiency for purpose, (11,12).

Effective health information is often embedded within community, workplace or home environments that take account of men's support needs and where men feel comfortable (13) Information networks among men have provided knowledge and emotional support to cope with conditions such as prostate cancer (4). This has helped men to re-claim decision-making, and redefine their social roles. The use of narrative/story-telling in support groups proved empowering, while information-sharing paved the way to affective expression (14). Peer

mentors, who themselves need ongoing support, can encourage men to change their health behaviour (15).

The following sections report primary research findings that, complementing the evidence above, provided a more closely segmented focus on the health information needs of men of different ages, lifestyles, and positions on health journeys. A brief resume of stakeholders' opinions precedes more detailed exploration of men's own views.

Summary of stakeholder views

Communication campaigns. Based on stakeholder experts' experiences, male-focused communication campaigns have worked well, but the following concerns were mentioned: lack of insight work with men before developing promotional materials; perpetuating male/female stereotypes through communicating in ways which can sustain inequalities; and ignoring the diversity of male experience, including influences of ethnicity and socio-economic factors. When targeting groups by broad age categories, further segmenting may be needed by specific needs. For example, within the category of 'older men', important differences concern men's fitness/presence of chronic conditions.

Health promotion objectives and delivery. Participants highlighted that health information programmes or campaign strategies based on an underlying model of change often work best, to inform multi-layered change objectives, including awareness-raising, influencing decision-making, and supporting sustained engagement and behaviour change.

Men's needs. It was felt that sophisticated insights need to be applied within an assessment of men's 'health information' needs. This involves considering structural barriers that men from disadvantaged groups face, and their own psycho-social agency. Interventions need to be situationally sensitive, meeting men on their local ground, targeting particular communities.

> "*You've got to meet them on their own turf and their own psychological territory.*"

Considering stages of change in targeting health information means allowing for differences between and within age groups, for example distinguishing between early, late and non-'presenters' or proactive/reactive individuals and groups, cross-cutting with differences within broad age-bands, such as between men aged 65 and those aged 80+.

> *"Young men between 16 and 25 differ massively, men over 65 differ massively, so we then look at segmentation a stage further saying 'what are their behaviours and attitudes?'"*

Communication strategies should take into account social influences: men's peers and families are key influences on their decision-making. Social interactive approaches (for example, humour and peer support) were recommended that work *with* social norms and support male self-esteem rather than challenging men's behaviour directly. Particularly in deprived environments, health information is often best combined with direct personal support, for example trusted community 'buddies' supporting men's engagement.

> *"with a hard to reach group, the buddies and materials work very much together."*

Priorities for future. Health information needs to promote/signpost local services which themselves meet men's needs, stakeholders emphasised.

> "*If you promise someone a good experience and they have a bad experience, that's probably worse than them having no experience at all.*"

Men will engage with resources if they find them authentic and trustworthy. Therefore, while it is efficient to develop resources for men nationally, the design should enable materials developed by local providers to be incorporated.

Interviews with men

The interviews with men offered 'actionable insights' into men's views about health information. This paper focuses selectively on: routines men follow for engaging with health information; support required for them to engage with and make effective use of information; what can help them engage with information and their preferred media; and what they would like to see happen in the future. Common themes run through the responses of men of all ages, along with clear differences by age and life stage.

Routines. The routines for engaging with health information used by men reflect goals that change across the lifespan, and men tended to use information increasingly frequently as they grow older. *Young mens'* routines tended either to be sporadic, contingent on 'noticing' something of interest, or to have a specific lifestyle focus, often concerning physical fitness or body-building and related dietary information.

> "*people who're taking these protein drinks get muscle mass so I'm thinking about taking them.*"

New dads' 'new' information routines were particularly concerned with the health of family members, the baby and the partner.

"*When my son had a fever, I was trying to find what the safe value for a fever is before you have to take him to hospital because he was running very hot, and so I went to the NHS website.*"

Middle-aged men's information routines were more frequently concerned with sustaining health for work and family activities and responsibilities in the face of bodily changes.

"It means taking control, diet, sleep patterns and stress with work, when you've had a busy month, because I'm over 50 now, I've also got a partner who likes to make sure I'm not slacking …"

Older men tended to look for information in relation to self-care, managing ongoing conditions, or responding to specific concerns.

"*Well when I found out what was going on with the operation, what they were going to do …I sort of researched that, and what sort of risks there were.*"

Support. Men wanted to be supported by people they trusted towards engaging with health information in a personalised, non-directive way, responsive to their desire for autonomy and control. Men typically wished to search out information first, and then to choose support in an informed way, rather than feel controlled by unsolicited advice. Young men were less likely to expect frequent support around health information, and would be selective about who should support them, relating this to specific health issues. New dads often felt a lack of support focused on their role and well-being at an exciting but stressful time. The challenge was to provide positive support for a male parental role, fitting health information within that support. Middle-aged men valued increased professional, family and peer support in specific areas, as they became aware of body changes and sought more active engagement with a healthy lifestyle. Older men more frequently looked for support to understand where to look

for and how to act on health information, but this needs to be responsive and personalised, 'with a human touch' and receptive to their informed choice.

Engaging with information and media preferences. Men were most likely to engage with information that was trustworthy, and accessible, with widely shared emphasis on relevance and clarity but differences by age in preferences over style and media. They showed a greater interest in a wide variety of media if that information was aligned with their lifestyle and perceived needs, and was responsive to individual input and choice. Young men valued clear, un-patronising messages showing respect. Online formats needed to keep pace stylistically with youth-focused 'competition' from other websites. New media platforms which support greater *user control* and *interaction* (including Twitter, Facebook, message-boards) were of interest, once concerns about trust and confidentiality were addressed. There was considerable interest in online videos using credible role models. 'Patronising', didactic and admonishing approaches were not appreciated.

> *"Not always like 'get healthy, get healthy'."*

New dads valued a greater focus by health professionals on their health needs, directing them to specific targeted resources, including online forums. NHS websites were used by some dads in relation to their children's health: information around children's health could usefully signpost new dads to information/forums around dad's/men's health. Health information for dads also could be linked with existing male-friendly sources and sites, such as sports forums.

Middle-aged men valued appeals to their responsibilities, experience and common sense. There was considerable support for settings-based approaches, making health information

accessible through work and leisure locations, but also for options that protect men's privacy and autonomy on sensitive health topics. Middle-aged men would take more detailed or sensitive material home to read, or initially search online about a health condition. They were also responsive to mass media campaigns highlighting consequences for families.

> *"when you see it on the TV, and it's hard-hitting; you sit up and think 'if I went out and did that, I could cause misery to some other family'."*

Older men wanted to access appropriate amounts of information, alongside personalised contacts, as prompts to self-care. Generally, healthy men aged 60+ might respond to information supporting active lifestyles and prevention of chronic conditions, while older men might seek out information on condition management, retaining independence and staying engaged in community life. Older men were well-disposed to reading information in leaflets and booklets, and followed TV campaigns, as long as this supported their independence, but some older men also engaged with internet information.

> *"Perhaps you read something in one of the papers about prostate cancer, so you might type in something to see how it matches with what you've read."*

Asked what health information they would like to see in the future, young men highlighted more proactive information resources targeted to male teenagers. New dads advocated for a national health information resource specifically for male parents. More information from employers around paternity would be valued. Middle-aged men highlighted channelling more awareness-raising through workplaces. Men at this point sometimes need information and practical support to assist them in moving beyond knowing what they 'ought to do' to

sustaining a healthier life-style. Older men stressed a need for more joined-up information wrapped around individual self-care needs.

An important finding is that men actually adopted individual and at times complex positions in relation to their health and health information. Not all these complexities fit easily within the research requirement to produce actionable insights for specific groups. This was illustrated when middle-aged men at work described interventions in workplace environments (such as a 'health bus') as providing great opportunities for features of personalisation such as 'ease of access' and potential for 'trusted' peer support, but also, according to the same participants, as posing de-personalising risks to confidentiality and work status, and constraints on time to digest information.

> "bringing the work bus is a great idea because I think people, like myself; I don't go to the GP that much,"
>
> "the guys that go to it, as soon as you come back its, well what did they say to you? 18 of your colleagues asking you, how did you go at your health session then? So it's not exactly what everybody wants is it?"

Some men described workplace interventions as ideal for peers, but, explaining their own failure to engage, described home as a safer, environment for reading materials or searching online.

> "It's a personal thing. I've never used the health bus, but I would encourage all my team to go. I'll sort it out in my time and not my friends' time"

Discussion and conclusions

This paper has reported men's views about health information, and has emphasised age specific as well as general health information needs. Table 1 summarises these age specific differences in men's relationships to health information needs.

Table 1. Men's Relationships to Health Information.

Young men	More likely enquiring than seeking solutions. More embarrassed talking about health/less likely to seek support.
New dads	Own health often loses out to other more immediate family pressures. Asking about health and seeking solutions.
Middle-aged men	Health more of a priority – starting to impact on day-to-day life. Enquiring and also more solution-focused than younger males.
Older men	More often dealing with health in an on-going way. Seeking solutions/advice, for example concerning self-care. More likely to seek information alongside personal support.

There is evidence of a need for further targeting of materials to more fine-grained '*segments*' of men within age-groups. This would take account of specific needs and identities, including whether targeted male groups identify with 'mainstream masculinity' or alternative identities, and also of attitude factors such as whether men, regardless of age, are more proactive in seeking health information or more reactive to conditions in their lives. Table 2 outlines how men's relationship to their own health needs to be reflected in the kind of information provided. Men of any age may respond to awareness-raising information if they are fairly unengaged with their own health, may be interested in detailed resources if they have specific

concerns, and may look for on-going updated information if they are engaged in self-maintenance or self-care.

Table 2. Approach to insight development

A. Relationship with health	Not engaged	Particular concerns	Consistently engaged
B. Relationship with health information	More passive/reactive	More active	Interactive
C. Information needs	Awareness-raising	Detailed	Continuing provision

Common themes in men's views cross-cut age differences. Confirming prior research, the importance of *personalisation* was emphasised. Factors influencing men's engagement with health information materials included how far communication fits with individual needs around:

- Ease of access
- Existing skill and knowledge levels
- Support available when requested from trusted source
- Preference for self-discovering information, self-efficacy and control
- Purpose of information seeking - general health enquiry or condition-specific solution seeking.

Personalisation can also be supported by ensuring that health information materials do not present uniform or stereotypical images of masculinity in ways that undermine or constrain

men's individuality, and that they display different identity positions that men may occupy at different times and settings.

The second common theme is that the *environment* where men engage with information needs to be supportive and appropriate, or men will not trust the message or engage so effectively. Our insight work found the following:

- A clear need for settings-based health information provision, reaching men on their own terms in the context of daily lives
- Settings-based approaches can encourage peer-peer communication to normalise discussions around health and wellbeing between men

It has been reiterated that *trust* is a core principal. For materials to be trusted by men they need to contain clear messages, engaging content, and a trusted brand. They also need to contain information that meets any concerns about confidentiality and offers credible positive narratives of hope. Personalisation, offers of support, and placement within a wider health promoting (organisational/community) environment can enhance men's trust that health information for men is part of a broader positive process.

Finally, research based on segmentation of men by age or life stage inevitably irons positional complexities out in order to present 'actionable insights' for producing and developing materials. It remains important to acknowledge this, and to continue to explore complexities in order to achieve more fine-tuned understandings that will complement the actionable insights.

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